

PROCEDURE NO. 4-10-38

ISSUED: 01-20-95

REVISED: 12-27-24

REVIEWED: 12-27-24

SUBJECT: Volunteer and/or College Student Placement

PURPOSE: To carry out the mandate of the Office of Human Resource Policy No. 4.

Woodhaven will not discriminate against anyone on the basis of race, color, creed, religion, national origin, age, disability, sex (except where sex is a bonafide occupational qualification), marital status, affectional or sexual preferences, cultural, language and socio-economics status.

Volunteers are an important component of the operation of Woodhaven. Volunteers provide assistance in many activities, including parties and activities with individuals supported; being a "friend" to an individual; mentoring; providing administrative office support; assisting in fundraisers that help provide resources for services not covered by fees for service; physical plant maintenance; and more.

Volunteers will complete an application online. Human Resource personnel will conduct an interview to determine eligibility. If it is determined that the person is deemed eligible to volunteer, background consent form, waiver and release from liability form and confidentiality form will be given to the volunteer to fill out. The HR personnel that conducts the interview will obtain the appropriate references. The signed forms, reference checks, volunteer application and two forms of ID will be kept in Human Resources. The volunteer will be instructed to take the mandatory drug screen test. Human Resources will conduct background checks and await the drug test results. Completed documents will be placed in a volunteer folder on the personnel drive.

Any volunteer and college students requiring licensing or certification will be asked to provide copies of certificates and/or degrees before beginning the orientation process and these licenses or certificates will be kept in the volunteer's/students' personnel files.

Woodhaven (Person(s) to whom they report) will provide volunteers with an orientation appropriate for their volunteer activity, and staff support as necessary to answer questions and offer guidance and encouragement. All volunteers are required to complete the Abuse/Neglect training prior to having contact with any Woodhaven individuals. This training must be renewed every year.

While not considered employees of Woodhaven, volunteers working in conjunction with the Agency must be familiar with our policies and procedures and sign a confidentiality agreement.

Failure to follow these policies and procedures will result in immediate termination of volunteer/student agreement. Performance deficiencies will be addressed with volunteers in accordance with Woodhaven's Progressive Counseling Guidelines Procedure No. 4-10-38. Woodhaven will attempt to provide long-term volunteers with an annual written performance evaluation.

The department head identified to provide supervision will, in writing, describe the duties and scope of responsibilities of the student/volunteer during their placement at Woodhaven.

Upon completion of the student/volunteer placement assignment, the Woodhaven supervisor will complete the required performance assessment form. These forms will be kept on file for three years.

Approved: _____

Date: _____

Human Resources Director

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VOLUNTEER AGREEMENT

Thank you for your interest in volunteering with Woodhaven. Please complete the form below to provide us with your information.

Name: _____

(Last) (First) (Middle)

Social Security Number: _____

Are you 18 or Over? _____

Street Address: _____

City, State, Zip: _____

Phone #: _____

Work Experience Desired (Please Check):

- Practicum
 Volunteer
 Internship

University or College Attending: _____

Professor (if this is a requirement): _____

Have you worked with persons with developmental disabilities before?

- Yes No

If yes, when and where?

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Have you ever been employed at Woodhaven?

Yes No

If yes, provide dates and location:

Reason for leaving (if applicable): _____

Who would you like to work with at Woodhaven?

How did you learn about our organization? _____

Certifications

Are you currently certified in any of the following?

- First Aid: Yes No Expiration Date: _____
• CPR: Yes No Expiration Date: _____
• CPI: Yes No Expiration Date: _____
• WSI: Yes No Expiration Date: _____

Availability

How long do you plan to volunteer at Woodhaven? _____

What days are you available? _____

What hours are you available? _____

Emergency Contact:

Name: _____ Phone #: _____

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References

Please provide the names, addresses, phone numbers, and relationships of three references (personal or professional, not related to you).

1. **Name:** _____ **Phone #:** _____

Relationship: _____

2. **Name:** _____ **Phone #:** _____

Relationship: _____

3. **Name:** _____ **Phone #:** _____

Relationship: _____

Health Information

Do you have any health issues that could limit the type of activities you perform?

Yes No

If yes, describe: _____

Do you have any other medical conditions we should be aware of? _____

Acknowledgment

I certify that the information provided is accurate and complete. I agree to comply with all policies and procedures of Woodhaven. I understand that I am applying as a volunteer and will not receive financial compensation for my services.

Applicant Signature: _____ **Date:** _____

Coordinator Signature: _____ **Date:** _____

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Confidentiality Agreement

In accordance with the Health Insurance Portability and Accountability Act, you shall only access, request or disclose the minimum necessary consumer information relating to operations which reasonably pertain to the performance of your duties.

Violation of the above may result in termination of the volunteer agreement and/or criminal sanctions or penalties. This is to confirm acknowledgement and receipt of Woodhaven's confidentiality procedure and information on the Privacy Rule, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I confirm that I am expected to understand and follow policies and procedures related to privacy completely. If concerns or questions arise, I may contact the Privacy Officer, the Compliance Officer, Human Resources or to the supervisor without fear of retaliation.

Printed Name: _____

Date: _____

Signature: _____

Department: _____

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To Be Completed By Woodhaven Staff

Assignment/Placement

Person providing supervision: _____

Date of Assignment: Start Date: _____ Completion Date: _____

Description of duties and scope of responsibilities:

Assessment of Student/Volunteer performance:

Signature of Student/Volunteer: _____ Date: _____

Signature of Supervisor: _____ Date: _____

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WAIVER AND RELEASE FROM LIABILITY

In return for being allowed to participate in Woodhaven volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the under-signed Volunteer (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Woodhaven or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates for all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that Woodhaven is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Woodhaven for all claims arising out of my participation in these Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Woodhaven has not arranged and does not carry any insurance of any kind for my benefit, my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. If accommodations are required, please notify Woodhaven.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of Woodhaven.

(Printed Name of Volunteer)

(Signature of Volunteer)

Date

Name of Event

Group

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I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies

_____ I hereby give my permission for Woodhaven to use any photographs taken of me at this event for future marketing, promotional or advocacy purposes.